

EXHIBIT 47



AUS 00671

Use of Force and Reporting Policy; Use of Force Report Form

DATE ISSUED: 02/28/2005
DATE REVISED: 08/19/2021

Use of Force Incident Report

Instructions: Security Professionals are required to complete this report within 24 hours of any incident involving the application of force as defined in the Allied Universal Firearms and Use of Force Policies. Additionally, this form is to be forwarded by the Account Manager or Field Operations Manager over the Security Professional involved in the event to the Legal Services Group (force@aus.com) with copies to the supervisor's management chain (i.e. BM, RVP, RPs).

If a firearm was discharged, do not complete this form; complete the *Preliminary Report of Firearm Discharge*.

| | |
|--|-------------------------------|
| 4-4-22 01900 | |
| Date and Time of Report: | Police Report No. (if known): |
| 4-4-22 1650 | |
| Date and Time of Incident: | Location of Incident: |
| | HEB 738 |
| Customer/Site Name | Job No. |
| HEB 738 | |
| Branch | Region |
| Identity of all Allied Universal personnel involved: | |
| Twana Ahmed | |

Identity of Person(s) Restrained, Detained, or otherwise subject to Use of Force:

CONFIDENTIAL AND PRIVILEGED
PREPARED AT THE REQUEST OF THE ALLIED UNIVERSAL LEGAL
DEPARTMENT

AUS 00672

Identity of all Witnesses to the Incident (include addresses and phone numbers):

N/A

Description of Injuries to Allied Universal personnel:

N/A

Description of Injuries to other than Allied Universal personnel:

N/A

Description of Property Damage:

N/A

CONFIDENTIAL AND PRIVILEGED
PREPARED AT THE REQUEST OF THE ALLIED UNIVERSAL LEGAL
DEPARTMENT

AUS 00673

ALLIED UNIVERSALSM

SECURITY SERVICES

Employee Statement

Today's Date: 11-4-22

Date HR Rec'd: _____

Employee Information

Name: WANDA MCGO
 Phone 1: 872-896-9276
 Manager: _____

Emp. #: _____
 Phone 2: _____
 Site Name: _____

Allied Universal Concern Resolution process provides employees with an opportunity to communicate work-related issues or concerns. Please assist us in collecting the information necessary to conduct a full and fair investigation into the issue in question. Your input is a vital part of our investigation.

Allied Universal has a compelling interest in protecting the integrity of its investigations. During investigations, Allied Universal has a strong desire to protect witnesses from harassment, intimidation and retaliation, to keep evidence from being destroyed, to ensure that testimony is not fabricated, and to prevent a cover-up. Allied Barton may request in some circumstances that in order to achieve these objectives, information shared in investigation remain confidential.

1. List your concern and or complaint. Please be as specific as possible.

Please answer the questions below. Use additional sheets as necessary. Once complete please return to the Human Resources Department using one of the methods listed below. Once statement is received it will be reviewed and you will be contacted.

Fax: Allied Universal Security/HR - 713-802-1326

Mail: Allied Universal Security/HR - 1235 N Loop West Suite 400 Houston, TX 77008

In person drop-off: Allied Universal Security/HR - 1235 N. Loop West 4th Floor

HEB MICKEVIN HIT ME ON MY POST SIDE PHONED ABOUT
 COUPLE OF US THE EX ARG ATTEMPTED TO STAIN ME & HANDISE
~~HE~~ ~~WENT~~ FROM THE STORE HE SAID A KID KICKED
 STORE THE NIGHT COME BACK AGAIN HE
 CALLED ME BACK FEW MINUTES LATER HE
 THE EX ARG COME INSIDE THE STORE KEE D
 XOUPEX OTHER NIGHT BACK INSIDE THE STORE THE EX HAD A
 BASKET OF FULL ALCOHOL IN DEER

2. List all facts that support your concerns. Who, What, When, Where